

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/526,829</td> </tr> <tr> <td>Filing Date</td> <td>September 4, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Aguilar et al.</td> </tr> <tr> <td>Title</td> <td>A Method of Modulating Cellular Activity and Molecules for Use Therein</td> </tr> <tr> <td>Art Unit</td> <td>1644</td> </tr> <tr> <td>Examiner Name</td> <td>Not yet assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>31471/44171</td> </tr> </table>	Application Number	10/526,829	Filing Date	September 4, 2003	First Named Inventor	Aguilar et al.	Title	A Method of Modulating Cellular Activity and Molecules for Use Therein	Art Unit	1644	Examiner Name	Not yet assigned	Attorney Docket No.	31471/44171
Application Number	10/526,829														
Filing Date	September 4, 2003														
First Named Inventor	Aguilar et al.														
Title	A Method of Modulating Cellular Activity and Molecules for Use Therein														
Art Unit	1644														
Examiner Name	Not yet assigned														
Attorney Docket No.	31471/44171														

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ An Assignee of record of 50% interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Edwina Cornish</i>	Date	29 Oct 2008
Name	Edwina Cornish	Telephone	03 9905 9301
Title and Company Deputy Vice-Chancellor (Research) Monash University			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated March 5, 2009

Signature: Marshall P. Byrd (Marshall P. Byrd)